

**DISCLOSURE & SUMMARY PAGE**

Reset Fo

**FORM  
DR-2**

(Rev. 07/2004)

DISCLOSURE  
REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)

JUL 21 2005

Citizens for Bill Schickel PM 7-19

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Bill Schickel

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

HD-13

**For Office Use Only**

Comm. #

1408

Logged In

Scanned

Computer

Audited

7.25.05

Late reports are subject to  
possible civil and criminal  
penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

Jan. 19, 2005

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☒ CHECK IF AMENDMENT TO REPORT DATED above☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 17,017.51

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

6,131.25

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

23,148.76

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

8,965.27

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must  
be zero) (Attach DR-3)

\$ 14,183.49

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM</b> <b>DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1408</u>
Logged In	<u>2</u>
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Schickel

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
Political Subdivision Candidate (8) County PAC (9) Board or Other Political  
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Bill Schickel

JAN 20 2005

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

RD 13

SIGNATURE OF PERSON FILING REPORT

Bill Schickel

TELEPHONE

641-443-8394

DATE SIGNED

1/16/05

Late reports are subject to possible civil and criminal penalties.

I AM FILING A

January 19  
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

### STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 16,939.97

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

6,131.25

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

23,071.22

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

8,965.27

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 14,105.95

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

6,648.84

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

#### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Bill Schickel*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/27/04	ID# CK#	Don Brazelton 1510 NE Trilein Dr. Ankeny, IA. 50021		\$ 20.	
10/27/04	ID# CK#	Lyle Krewson 6403 Aurora, unit 3 Urbandale, IA. 50322		30.	
10/27/04	ID# CK#	Barb & David Hurd 300 Walnut St, #183 Des Moines, IA. 50309		100.	
10/27/04	ID# CK#	Linda Finman 3301 Eula Dr Urbandale, IA. 50322		25.	
10/27/04	ID# CK#	James Obradovich 2418 35th St. Des Moines, IA. 50310		25.	
10/27/04	ID# CK#	Mark Ackelson 5525 Schweiker Dr. Pleasant Hill, IA. 50327		25.	
10/27/04	ID# CK#	Duane Sand 8998 Golden Valley Dr. Adel, IA. 50211		25.	
10/27/04	ID# CK#	Stephen Vey 919 Murray Dr. Ames, IA. 50010		20.	
10/27/04	ID# CK#	Herbert Heinicke 1302 W. Bassett Indianola, IA. 50125		10.	
10/27/04	ID# 6160 CK# 2163	IA. Independent Bankers PAC 1603 22nd St, Ste. 2002 West Des Moines, IA. 50266		200.	

SUB-TOTAL

\$ 480.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Bill Schickel*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/29/04	ID# 6163 CK# 2926	Iowa Soft Drink PAC 801 Grand, Ste. 3100 Des Moines, IA. 50309		\$ 500.	
11/1/04	ID# 8442 CK# 1110	The Hawkeye PAC 3400 Woodland Ln. Alexandria, VA. 22309		5,000.	
11/2/04	ID# CK#	Darrel & Marilyn Lind 622 S. Vermont Ave. Mason City, IA. 50401		50.	
11/8/04	ID# CK#	Jim Thompson PO Box 1721 Mason City, IA. 50401		100.	
11/15/04	ID# CK#	US Bank Mason City, IA. 50401 interest on checking account		267	
12/14/04	ID# CK#	US Bank Mason City, IA. 50401 interest on checking account		58	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$5651.25	
TOTAL (if last page of this schedule)				\$6,131.25	

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**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

**B**

(Rev. 09/97)

MONETARY  
EXPENDITURE:
☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Schickel

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/27/04	ID# CK# 1130	KIMT-TV 112 N. Penn. Mason City, IA. 50401	advertising	\$5,436.75
10/28/04	ID# CK# 1131	KIMT-TV 112 N. Penn. Mason City, IA. 50401	advertising	1,495.00
10/29/04	ID# CK# 1132	Larsons Printing 714 S. Delaware Mason City, IA. 50401	printing	853.60
10/29/04	ID# CK# 1133	Drug Town Regency Mall Mason City, IA. 50401	Copies postage	39.80
11/1/04	ID# CK# 1134	Three Eagles 402 17th St. SW. Mason City, IA. 50401	advertising	448.00
11/1/04	ID# CK# 1135	Globe Gazette 300 N. Washington Mason City, IA. 50401	advertising	109.20
11/18/04	ID# CK# 1136	Ann Sewell 4 3rd St. NW. Mason City, IA. 50401	Voicing ads	100.00
12/8/04	ID# CK# 1137	Candi Schickel 1443 E. State Mason City, IA. 50401	reimbursement for website service	190.15
SUB-TOTAL				\$ 8,672.50
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

**B**

(Rev. 09/97)

MONETARY  
EXPENDITURE:

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Schickel

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/31/04	ID# CK# 1139	Walmart Hwy 122 West Mason City, IA 50401	photography	\$ 292.77
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 292.77
TOTAL (if last page of this schedule)				\$ 8,965.27

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(f).)

Page 2 of 2

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Schickel

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/29/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		postage	\$ 2,250.	
10/29/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		printing	2,250.	
11/11/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		tv ad	750.	
11/11/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		GoTV phone calls	277.59	
11/11/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		GoTV phone calls	253.91	
11/12/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		GoTV phone calls	82.34	
12/30/07	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		media production	785.00	

SUB-TOTAL

\$

6,648.84

TOTAL (If last

\$

page of this  
schedule)

6,648.84

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1  
(for Schedule E)